

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	lit	907	1-29-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)... .....	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	1/18/01
Original	1/18/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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886  
9/2/01